

Index of Claims



Application No.

10/752,621

Examiner

Peguy JeanPierre

Applicant(s)

LEUNG, KA Y.

Art Unit

2819

| | |
|---|----------|
| ✓ | Rejected |
| = | Allowed |

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| - | (Through numeral) Cancelled |
| + | Restricted |

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| N | Non-Elected |
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| Claim | | Date | |
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| Final | Original | | | | | | | | | | | | |
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| 19 | 19 | | | | | | | | | | | | |
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| 33 | 33 | | | | | | | | | | | | |
| 34 | 34 | | | | | | | | | | | | |
| 35 | 35 | | | | | | | | | | | | |
| 36 | 36 | | | | | | | | | | | | |
| 37 | 37 | | | | | | | | | | | | |
| 38 | 38 | | | | | | | | | | | | |
| 39 | 39 | | | | | | | | | | | | |
| 40 | 40 | | | | | | | | | | | | |
| 41 | 41 | | | | | | | | | | | | |
| 42 | 42 | | | | | | | | | | | | |
| 43 | 43 | | | | | | | | | | | | |
| 44 | 44 | | | | | | | | | | | | |
| 45 | 45 | | | | | | | | | | | | |
| 46 | 46 | | | | | | | | | | | | |
| 47 | 47 | | | | | | | | | | | | |
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| 49 | 49 | | | | | | | | | | | | |
| 50 | 50 | | | | | | | | | | | | |

| Claim | | Date | | | | | | | | | | | |
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| Final | Original | | | | | | | | | | | | |
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| 52 | 52 | | | | | | | | | | | | |
| 53 | 53 | | | | | | | | | | | | |
| 54 | 54 | | | | | | | | | | | | |
| 55 | 55 | | | | | | | | | | | | |
| 56 | 56 | | | | | | | | | | | | |
| 57 | 57 | | | | | | | | | | | | |
| 58 | 58 | | | | | | | | | | | | |
| 59 | 59 | | | | | | | | | | | | |
| 60 | 60 | | | | | | | | | | | | |
| 61 | 61 | | | | | | | | | | | | |
| 62 | 62 | | | | | | | | | | | | |
| 63 | 63 | | | | | | | | | | | | |
| 64 | 64 | | | | | | | | | | | | |
| 65 | 65 | | | | | | | | | | | | |
| 66 | 66 | | | | | | | | | | | | |
| 67 | 67 | | | | | | | | | | | | |
| 68 | 68 | | | | | | | | | | | | |
| 69 | 69 | | | | | | | | | | | | |
| 70 | 70 | | | | | | | | | | | | |
| 71 | 71 | | | | | | | | | | | | |
| 72 | 72 | | | | | | | | | | | | |
| 73 | 73 | | | | | | | | | | | | |
| 74 | 74 | | | | | | | | | | | | |
| 75 | 75 | | | | | | | | | | | | |
| 76 | 76 | | | | | | | | | | | | |
| 77 | 77 | | | | | | | | | | | | |
| 78 | 78 | | | | | | | | | | | | |
| 79 | 79 | | | | | | | | | | | | |
| 80 | 80 | | | | | | | | | | | | |
| 81 | 81 | | | | | | | | | | | | |
| 82 | 82 | | | | | | | | | | | | |
| 83 | 83 | | | | | | | | | | | | |
| 84 | 84 | | | | | | | | | | | | |
| 85 | 85 | | | | | | | | | | | | |
| 86 | 86 | | | | | | | | | | | | |
| 87 | 87 | | | | | | | | | | | | |
| 88 | 88 | | | | | | | | | | | | |
| 89 | 89 | | | | | | | | | | | | |
| 90 | 90 | | | | | | | | | | | | |
| 91 | 91 | | | | | | | | | | | | |
| 92 | 92 | | | | | | | | | | | | |
| 93 | 93 | | | | | | | | | | | | |
| 94 | 94 | | | | | | | | | | | | |
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| 98 | 98 | | | | | | | | | | | | |
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| Claim | | Date | | | | | | | | | | | |
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| Final | Original | | | | | | | | | | | | |
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| 106 | 106 | | | | | | | | | | | | |
| 107 | 107 | | | | | | | | | | | | |
| 108 | 108 | | | | | | | | | | | | |
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| 112 | 112 | | | | | | | | | | | | |
| 113 | 113 | | | | | | | | | | | | |
| 114 | 114 | | | | | | | | | | | | |
| 115 | 115 | | | | | | | | | | | | |
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| 118 | 118 | | | | | | | | | | | | |
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| 122 | 122 | | | | | | | | | | | | |
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